NH Department of Health and Human Services (DHHS) NH DHHS Finance/Bureau of Elderly and Adult Services

105 Pleasant St. Concord, NH 03301

STATE OF NEW HAMPSHIRE BEAS RELEASE OF POLICY				
PR NUMBER:	PR 19-01 1.1.19			
FROM:	Athena Gagnon, Medicaid Financial Manager			
OFFICE OF:	Office of Finance			
SIGNATURE	Athena Gagnon			
SIGNATURE DATE:	January 10, 2019			
SUBJECT:	Release of Updated Appendix A, "Nursing Facility Rates"			
то:	All BEAS Staff; Appendix A Recipients; Bureau of Family Assistance Administrative Supervisors, Line Supervisors, Regional Managers			
EFFECTIVE DATE:	January 1, 2019			

BACKGROUND/SUMMARY

This PR releases the updated Appendix A of the Medicaid Manual, which contains nursing facility rates.

In Appendix A of the Medicaid Manual, each nursing facility is listed alphabetically, together with its per diem and monthly rates. These rates are calculated periodically based on information obtained by the NH Department of Health and Human Services (NH DHHS) Office of Finance. The NH DHHS computerized eligibility system contains a table with the per diem rates for each nursing facility, and the monthly rate is calculated by multiplying the per diem rate by 30.42. Appendix A has been updated to include these new rates.

Appendix A includes rates for atypical care. An atypical unit and/or facility devotes its services exclusively to highly specialized care, the nature of which makes it incomparable to other nursing facilities for the purpose of rate setting.

Where applicable, an asterisk (*) precedes the facility type code as a means of differentiating atypical care rates.

The previous Appendix A, which was effective July 1, 2018 and was released by PR 18-08, should be retained until further notice. Please post the updated Appendix A according to the instructions below.

IMPLEMENTATION

The effective dates of the most recent rates are listed for each facility in the updated Appendix A. These rates have already been entered into the Medicaid Management Information System for claims calculation.

PR 19-01 and the updated Appendix A will be posted to the BEAS Policy & Procedures Database, in the DHHS APPS (N:) Drive, Long Term Care folder. The updated Appendix A will also be posted on the web at https://www.dhhs.nh.gov/ombp/medicaid/nf-med-rates.htm

Questions on this PR should be emailed to Christine Ferwerda, Administrator II, at Christine.Ferwerda@dhhs.nh.gov.

INSTRUCTIONS

Medicaid Manual

Remove and Retain

PR 18-08, Appendix A, pages 1-5, dated 7/18

Insert

PR 19-01, 1.1.19 Appendix A, pages 1-5, dated 1/19

DISTRIBUTION

PR 19-01 is being distributed as indicated above.

DISPOSITION

PR 19-01 may be destroyed once the content has been noted and the posting instructions carried out.

		ITEM APPENDIX A	PAGE	1
MEDICAL ASSISTANCE	SUBJECT NURSING FACILI	TY RATES	DATE	01-2019

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
S Alice Peck Day Memorial Hospital, Lebanon	3/8	\$105.93	\$3,222.39	3071163	1/1/1999
S Androscoggin Valley Hosp, Berlin	3/8	\$105.93	\$3,222.39	3073139	1/1/1999
Applewood Care & Rehabilitation Center, Winchester	3/8	\$160.49	\$4,882.11	3076962	1/1/2019
Aurora Senior Living of Derry	3/8	\$154.41	\$4,697.15	3071058	1/1/2019
Bedford Hills Center, Bedford	3/8	\$164.75	\$5,011.70	3077268	1/1/2019
Bedford Nursing & Rehabilitation Svs, LLC, Bedford	3/8	\$160.26	\$4,875.11	3098212	1/1/2019
Bel Air Nursing & Rehabilitation Center, Goffstown	3/8	\$186.10	\$5,661.16	3095281	1/1/2019
Belknap County Nursing Home, Laconia	2/8	\$169.79	\$5,165.01	3077146	1/1/2019
Braintree Manor HealthCare, Braintree MA	8	\$425.00	\$12,928.50	3112099	12/1/2017
S Cheshire Medical Center, Keene	3/8	\$105.93	\$3,222.39	3080131	1/1/1999
Clipper Harbor of Portsmouth Care & Rehab, Portsmouth	3/8	\$169.95	\$5,169.88	3077280	1/1/2019
Colonial Hill Center, Rochester	3/8	\$173.96	\$5,291.86	3079685	1/1/2019
Colonial Poplin Nursing Home, Freemont	3/8	\$157.02	\$4,776.55	3080672	1/1/2019
Coos County, Berlin	2/8	\$167.88	\$5,106.91	3071149	1/1/2019
Coos County Institution, West Stewartstown	2	\$161.83	\$4,922.87	3071146	1/1/2019
S Cottage Hospital, Woodsville	3/8	\$105.93	\$3,222.39	3074431	1/1/1999
Country Village Center Genesis Healthcare, Lancaster	3/8	\$151.94	\$4,622.01	3071564	1/1/2019
The Courville at Manchester	3/8	\$186.07	\$5,660.25	3071145	1/1/2019
The Courville at Nashua	3/8	\$179.33	\$5,455.22	3071060	1/1/2019
Crestwood Center, Milford	3/8	\$162.39	\$4,939.90	3079681	1/1/2019
Dover Center for Health and Rehabilitation, Dover	3/8	\$180.56	\$5,492.64	3083629	1/1/2019
The Edgewood Centre, Portsmouth	3	\$173.48	\$5,277.26	3077497	1/1/2019
The Edgewood Centre, Portsmouth	*8	\$353.68	\$10,758.95	3077497	1/1/2009
The Edgewood Centre, Portsmouth	*8	\$600.00	\$18,252.00	3077497	3/20/2018
The Edgewood Centre, Portsmouth	8	\$573.00	\$17,430.66	3104719	7/1/2016
Elm Wood Center at Claremont	3/8	\$161.47	\$4,911.92	3071547	1/1/2019
Epsom HealthCare Center (Heartland), Epsom	3/8	\$150.42	\$4,575.78	3094362	1/1/2019

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MEDICAL ASSISTANCE	SUBJECT NURSING FACILI	TY RATES	DATE 01-2019

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
Exeter Rehabilitation Center, Exeter	3/8	\$176.14	\$5,358.18	3079684	1/1/2019
Exeter Rehabilitation Center, Exeter	*8	\$500.00	\$15,210.00	3079684	3/12/2018
Fairview, Hudson	3/8	\$186.45	\$5,671.81	3071158	1/1/2019
S Franklin Regional Hospital, Franklin	3/8	\$105.93	\$3,222.39	3074363	7/1/2002
Glencliff Home, Glencliff	4	\$356.34	\$10,839.86	3077265	11/1/2014
Good Shepherd Rehab & Nursing, Jaffrey	3/8	\$178.83	\$5,440.01	3071574	1/1/2019
Grafton County Nursing Home, Woodsville	2/8	\$179.60	\$5,463.43	3071147	1/1/2019
Greenbriar Healthcare, Nashua	3/8	\$154.07	\$4,686.81	3110230	1/1/2019
Hackett Hill Center, Manchester	3/8	\$161.21	\$4,904.01	3099479	1/1/2019
Hanover Hill Healthcare, Manchester	3/8	\$175.21	\$5,329.89	3071582	1/1/2019
Hanover Terrace Healthcare & Rehab Center, Hanover	3/8	\$158.48	\$4,820.96	3104302	1/1/2019
Harris Hill Center Genesis Healthcare, Concord	3/8	\$164.91	\$5,016.56	3079064	1/1/2019
Havenwood-Heritage Heights, Concord	3/8	\$158.02	\$4,806.97	3078147	1/1/2019
Hillsboro House Nursing Home, Hillsboro	3/8	\$140.07	\$4,260.93	3079061	1/1/2019
Hillsborough County Nursing Home, Goffstown	2/8	\$173.85	\$5,288.52	3076961	1/1/2019
Hillsborough County, Goffstown	*2/*8	\$209.54	\$6,374.21	3076961	1/1/2009
Holy Cross Health Center, Manchester	3/8	\$150.04	\$4,564.22	3071159	1/1/2019
S Huggins Hospital, Wolfeboro	3/8	\$105.93	\$3,222.39	3079053	1/1/1999
Keene Center Genesis Healthcare, Keene	3/8	\$157.79	\$4,799.97	3071550	1/1/2019
Laconia Rehab Center Genesis Healthcare, Laconia	3/8	\$171.09	\$5,204.56	3071568	1/1/2019
Laconia Rehab Center Genesis Healthcare, Laconia	*3	\$353.68	\$10,758.95	3108064	7/1/2017
Laconia Rehab Center Genesis Healthcare, Laconia	*8	\$539.33	\$16,406.42	3108064	7/1/2017
Lafayette Center Genesis Healthcare, Franconia	3/8	\$157.26	\$4,783.85	3071552	1/1/2019
S Lakes Region General Hospital, Laconia	3/8	\$105.93	\$3,222.39	3074362	1/1/1999
Langdon Place of Dover, Dover	3/8	\$209.51	\$6,373.29	3077777	1/1/2019
Langdon Place of Keene, Keene	3/8	\$187.74	\$5,711.05	3079683	1/1/2019
Lebanon Center Genesis Healthcare, Lebanon	3/8	\$163.25	\$4,966.07	3071554	1/1/2019
S Littleton Hospital Assoc, Littleton	3/8	\$105.93	\$3,222.39	3080827	1/1/1999

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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
Lowell Health Care Center (CareOne Lowell), Lowell					
MA	*8	\$325.00	\$9,886.50	3091719	12/21/2017
Lowell Health Care Center (CareOne Lowell), Lowell MA	*8	\$372.00	\$11,316.24	3091719	5/25/2018
Maple Leaf Healthcare Center, Manchester	3/8	\$167.87	\$5,106.61	3094361	1/1/2019
Maplewood Nursing Home, Westmoreland	2/8	\$176.55	\$5,370.65	3077307	1/1/2019
Maplewood Nursing Home, Westmoreland	*2/*8	\$213.64	\$6,498.93	3077307	1/1/2009
S The Memorial Hospital, North Conway	3/8	\$105.93	\$3,222.39	3074432	1/1/1999
Merrimack County Nursing Home, Penacook	2/8	\$172.22	\$5,238.93	3071571	1/1/2019
Merriman House, North Conway	3	\$171.92	\$5,229.81	3071148	1/1/2019
Golden View Health Care Center, Meredith	3/8	\$187.71	\$5,710.14	3076977	1/1/2019
Mineral Springs Genesis Healthcare, North Conway	3/8	\$157.18	\$4,781.42	3077457	1/1/2019
S Monadnock Community Hospital, Peterborough	3/8	\$105.93	\$3,222.39	3074435	1/1/1999
Morrison Nursing Home, Whitefield	3/8	\$174.97	\$5,322.59	3076978	1/1/2019
Mount Carmel Rehabilitation & Nursing Ctr,					
Manchester	3/8	\$180.04	\$5,476.82	3071565	1/1/2019
Mountain Ridge Center Genesis Healthcare, Franklin	3/8	\$171.78	\$5,225.55	3076554	1/1/2019
Mountain View Community, Ossipee	2/8	\$171.10	\$5,204.86	3071059	1/1/2019
S New London Hospital, New London	3/8	\$105.93	\$3,222.39	3076518	1/1/1999
NH Hospital - Psychiatric Unit, Concord	7	\$1,346.00	\$40,945.32	3076701	10/1/2011
Oceanside Skilled Nursing & Rehab, Hampton	3/8	\$161.75	\$4,920.44	3077751	1/1/2019
Pheasant Wood Center, Peterborough	3/8	\$148.58	\$4,519.80	3079680	1/1/2019
Pleasant Valley Nursing Home, Derry	3/8	\$158.82	\$4,831.30	3096252	1/1/2019
Pleasant View Center, Concord	3/8	\$172.73	\$5,254.45	3077749	1/1/2019
Presidential Oaks, Concord	3/8	\$164.15	\$4,993.44	3077464	1/1/2019
Ridgewood Center, Bedford	3/8	\$174.83	\$5,318.33	3071549	1/1/2019
Riverside Rest Home, Dover	2/8	\$157.94	\$4,804.53	3071061	1/1/2019
Riverside Rest Home, Dover	*2/*8	\$216.20	\$6,576.80	3071061	1/1/2009
Riverside Rest Home, Dover	*2/*8	\$434.00	\$13,202.28	3071061	8/10/2017

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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
Rochester Manor, Rochester	3/8	\$153.99	\$4,684.38	3102820	1/1/2019
Rockingham County Nursing Home, Epping	2/8	\$184.13	\$5,601.23	3071581	1/1/2019
Salemhaven Inc, Salem	3/8	\$182.80	\$5,560.78	3071566	1/1/2019
S Speare Memorial Hospital, Plymouth	3/8	\$105.93	\$3,222.39	3077711	1/1/1999
St. Ann Rehab & Nursing Center, Dover	3/8	\$185.01	\$5,628.00	3071561	1/1/2019
St. Francis Rehab & Nursing Center, Laconia	3/8	\$174.03	\$5,293.99	3071559	1/1/2019
St. Joseph Residence, Manchester	3/8	\$170.98	\$5,201.21	3077269	1/1/2019
St. Teresa's Rehab & Nursing Center, Manchester	3/8	\$177.91	\$5,412.02	3076367	1/1/2019
St. Vincent de Paul Rehab & Nursing Center, Berlin	3/8	\$167.82	\$5,105.08	3071558	1/1/2019
Sullivan County Healthcare, Claremont	2/8	\$163.26	\$4,966.37	3077772	1/1/2019
The Elms Center, Milford	3/8	\$158.99	\$4,836.48	3079682	1/1/2019
S Upper Connecticut Valley Hospital Assoc, Colebrook	3/8	\$105.93	\$3,222.39	3078954	1/1/1999
S Valley Regional Hospital, Claremont	3/8	\$105.93	\$3,222.39	3075262	1/1/1999
Villa Crest Nursing & Retirement, Manchester	3/8	\$159.40	\$4,848.95	3094360	1/1/2019
Warde Rehabilitation and Nursing Center, Windham	3/8	\$183.20	\$5,572.94	3101211	1/1/2019
Webster at Rye, Rye	3/8	\$175.32	\$5,333.23	3080660	1/1/2019
S Weeks Medical Center, Lancaster	3/8	\$105.93	\$3,222.39	3073196	1/1/1999
Westwood Care & Rehabilitation Center, Keene	3/8	\$179.27	\$5,453.39	3077458	1/1/2019
Wolfeboro Bay Center, Wolfeboro	3/8	\$167.94	\$5,108.73	3079686	1/1/2019
Woodlawn Care Center, Newport	3/8	\$144.47	\$4,394.78	3071572	1/1/2019
ICF/MRs:					
CedarCrest Center for Children with Disabilities, Keene CedarCrest Center for Children with Disabilities,	3	\$392.33	\$11,934.68	3077266	1/1/2009
Keene	*3	\$602.75	\$18,335.66	3077266	1/1/2009
CedarCrest Center for Children, Keene	8	\$928.29	\$28,238.58	3095289	1/1/2014
CedarCrest Center for Children, Keene	*8	\$795.21	\$24,190.29	3095289	1/1/2014

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FACILITY/ LOCATION	CODE	PER DIEM	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
		RATE			27112

Pursuant to RSA 151-E:11 and He-E 801.09, the Department of Health and Human Services, Bureau of Elderly and Adult Services (BEAS) must conduct a cost comparison between the cost of a Choice for Independence (CFI) participant's home-based services and the average annual cost of the provision of services to a person in a nursing facility. This average annual cost for the provision of services to a person in a nursing facility is calculated by the BEAS rate setting unit using the methodology described in Administrative Rule He-E 801.09.

Average Annual Nursing Home Cost for Acuity-Based Facilities

1/1/2019	Annually	Monthly	Weekly	Daily
100%	\$90,230	\$7,519	\$1,735	\$247.21
80% - Signature required	\$72,184	\$6,015	\$1,388	\$197.76
60%	\$54,138	\$4,511	\$1,041	\$148.32
50%	\$45,115	\$3,760	\$868	\$123.60

RSA 151-E:11 and He-E 801.10 state that the commissioner must review and approve any CFI service plan that exceeds 80% of the average nursing facility cost. The commissioner's prior approval process must include a review of the cost of nursing facility services at a nursing facility qualified to provide services, including any specialized services, that would be necessary for the proper care and treatment of the CFI applicant or participant. He-E 806.36 describes how nursing facilities are reimbursed for specialized or atypical care.

Average Annual Nursing Home Cost for Atypical Ventilator Care Facilities

1/1/2019	Annually	Monthly	Weekly	Daily
100%	\$198,904	\$16,575	\$3,825	\$544.94
80% - Signature required	\$159,123	\$13,260	\$3,060	\$435.95
60%	\$119,342	\$9,945	\$2,295	\$326.97
50%	\$99,452	\$8,288	\$1,913	\$272.47

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